

**ICE RECEIPT**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\* \* \* ICRS CONFIDENTIAL \* \* \***

---

**To:** FLEMMING, JAYVON R. - #556607  
UNIT: \_N\_ \_B -- \_B52-\_ \_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

**Complaint Information:**

Date Complaint Acknowledged: 10/04/2023  
Date Complaint Received: 10/04/2023  
Subject of Complaint: 22 - Dental  
Brief Summary: complains he is being denied dental care

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

**Please write to the ICE if this issue is resolved before you receive an answer.**

**ICE REPORT**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\*\*\* ICRS CONFIDENTIAL \*\*\***

**To:** FLEMMING, JAYVON R. - #556607  
UNIT: \_N- \_B -- \_B52- \_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

**Complaint Information:**

Date Complaint Acknowledged:	10/04/2023	Inmate Contacted?	No
Date Complaint Received:	10/04/2023		
Subject of Complaint:	22 - Dental		
Person(s) Contacted:	AHSM Haseleu		
Document(s) Relied Upon:	DOC 310		
Brief Summary:	complains he is being denied dental care		
Summary of Facts:	<p>BK Inmate Fleming complains he is being denied dental care and he has an emergency situation. A tooth is broken off and causing severe pain.</p> <p>AHSM Haseleu was contacted and provided Dr Jerome's response. Dr Jerome states that Inmate Fleming was added to the waitlist for extraction on 9/7/2023 after submitting request on 9/2/2023. Dr Jerome further states that their goal is to see patients on the Essential list within 8 weeks and they are currently seeing patients about that time and Inmate Fleming should be put on schedule soon.</p> <p>The speed with which one is seen depends on a combination of factors - including urgency of need and the number of inmates on the list who have a more urgent need. If the complainant's condition changes or if he has not fully revealed the details, he will need to contact HSU with the additional information. The speed with which one is seen depends on a combination of factors - including urgency of need and the number of inmates on the list who have a more urgent need. If the complainant's condition changes or if he has not fully revealed the details, he will need to contact HSU with the additional information.</p>		
ICE Recommendation:	Dismissed		
Recommendation Date:	10/09/2023		

ICE REPORT  
COMPLAINT NUMBER WCI-2023-14913  
\* \* \* ICRS CONFIDENTIAL \* \* \*

---



B. Kolb - Institution Complaint Examiner

**REVIEWING AUTHORITY'S DECISION**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\*\*\* ICRS CONFIDENTIAL \*\*\***

To: FLEMMING, JAYVON R. - #556607  
UNIT: \_N-\_B -- \_B52-\_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

**Complaint Information:**

Date Complaint Acknowledged: 10/04/2023

Date Complaint Received: 10/04/2023

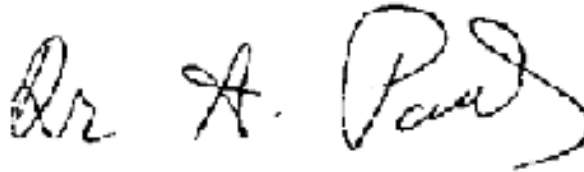
Subject of Complaint: 22 - Dental

Brief Summary: complains he is being denied dental care

ICE's Recommendation: Dismissed

Reviewer's Decision: Dismissed

Decision Date: 10/11/2023



A. Panos - Reviewing Authority

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

**CCE RECEIPT**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\*\*\* ICRS CONFIDENTIAL \*\*\***

---

**To:** FLEMMING, JAYVON R. - #556607  
UNIT: \_N-\_B -- \_B52-\_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

**Complaint Information:**

Date Appeal Acknowledged:	10/20/2023
Date Appeal Received:	10/20/2023
Subject of Complaint:	22 - Dental
Brief Summary:	complains he is being denied dental care

-----  
Your request for review has been received.

The Corrections Complaint Examiner (CCE) has 35 days to submit a recommendation to the Office of the Secretary (OOS) for Review. The OOS has 45 days to make a decision after receiving the CCE's report. The OOS may extend the time for making a decision for cause and upon notice to all interested parties.

If you do not receive a decision or other notices within that time, you may write directly to:

Secretary of the Department of Corrections  
Post Office Box 7925  
Madison, WI 53707-7925

**APPEAL EXTENSION**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\*\*\* ICRS CONFIDENTIAL \*\*\***

---

To: FLEMMING, JAYVON R. - #556607  
UNIT: \_S\_ \_E -- \_E30- \_U  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

**Complaint Information:**

Date Appeal Acknowledged:	10/20/2023
Date Appeal Received:	10/20/2023
Subject of Complaint:	22 - Dental
Brief Summary:	complains he is being denied dental care

This is to notify you that, pursuant to DOC 310.13(1), Wis. Admin. Code, the Office of Secretary has extended the time for deciding this appeal for cause, effective 11/24/2023. This extension is necessary in order to fully investigate the appeal.

Your administrative remedies will not be exhausted until the Office of Secretary makes a decision on the appeal. You may expect an appeal decision within 90 days.



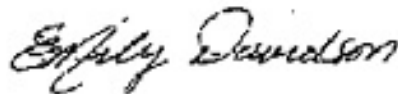
M. Greenwood  
Corrections Complaint Examiner Program Assistant

**CCE REPORT**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\*\*\* ICRS CONFIDENTIAL \*\*\***

**To:** FLEMMING, JAYVON R. - #556607  
UNIT: \_S\_ \_E -- \_E30- \_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

**Complaint Information:**

Date Appeal Acknowledged:	10/20/2023	
Date Appeal Received:	10/20/2023	
Subject of Complaint:	22 - Dental	
Brief Summary:	complains he is being denied dental care	
Method of Disposition:	Review on Record? <input checked="" type="checkbox"/> Yes	Investigation? <input checked="" type="checkbox"/> No
Person(s) Contacted:	BHS Dental Director	
Document(s) Relied Upon:	Complaint, submission, appeal, chart provided	
CCE's Recommendation:	Dismissed A review of the record with the BHS Dental Director indicated the patient is not being denied care. The patient has an existing health condition that requires a complete blood count (CBC) test prior to the extraction of the tooth. Dental records indicate the patient has repeated refused a CBC. This is required before an extraction occurs.	
Recommendation Date:	11/30/2023	



E. Davidson - Corrections Complaint Examiner

**OFFICE OF SECRETARY DECISION**  
**COMPLAINT NUMBER WCI-2023-14913**  
**\*\*\* ICRS CONFIDENTIAL \*\*\***

---

**To:** FLEMMING, JAYVON R. - #556607  
UNIT: \_S-\_E -- \_E30-\_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

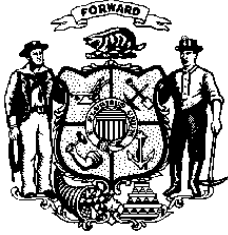
**Complaint Information:**

Date Appeal Acknowledged:	10/20/2023
Date Appeal Received:	10/20/2023
Subject of Complaint:	22 - Dental
Brief Summary:	complains he is being denied dental care
OOS Decision:	Dismissed
Decision Comments:	The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 11/30/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.
Decision Date:	12/20/2023



C. O'Donnell - Office of the Secretary





State of Wisconsin  
Department of Corrections  
**GENERAL REPORT ON INMATE COMPLAINT**

**Complaint Information:**

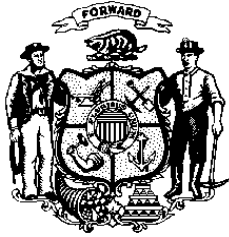
Date Complaint Acknowledged: October 04, 2023  
Date Complaint Received: October 04, 2023  
Subject of Complaint: 22 - Dental  
Brief Summary: complains he is being denied dental care

**ICE Recommendation Information: (Signed on 10/9/23 1:27:17PM):**

Person(s) Contacted: AHSM Haseleu  
Document(s) Relied Upon: DOC 310  
ICE's Summary of Facts: BK Inmate Flemming complains he is being denied dental care and he has an emergency situation. A tooth is broken off and causing severe pain.  
  
AHSM Haseleu was contacted and provided Dr Jerome's response. Dr Jerome states that Inmate Flemming was added to the waitlist for extraction on 9/7/2023 after submitting request on 9/2/2023. Dr Jerome further states that their goal is to see patients on the Essential list within 8 weeks and they are currently seeing patients about that time and Inmate Flemming should be put on schedule soon.  
  
The speed with which one is seen depends on a combination of factors - including urgency of need and the number of inmates on the list who have a more urgent need. If the complainant's condition changes or if he has not fully revealed the details, he will need to contact HSU with the additional information. The speed with which one is seen depends on a combination of factors - including urgency of need and the number of inmates on the list who have a more urgent need. If the complainant's condition changes or if he has not fully revealed the details, he will need to contact HSU with the additional information.  
ICE's Recommendation: Dismissed  
ICE's Recommendation Date: October 09, 2023

**RA's Decision Information: (Signed on 10/11/23 8:02:01AM):**

RA's Decision: Dismissed  
RA's Decision Date: October 11, 2023



State of Wisconsin  
Department of Corrections  
**GENERAL REPORT ON INMATE COMPLAINT**

**Appeal to CCE Information:**

Date Appeal Acknowledged: October 20, 2023  
Date Appeal Received: October 20, 2023

**CCE's Recommendation Information: (Signed on 11/30/23 10:53:09AM):**

Person(s) Contacted: BHS Dental Director  
Document(s) Relied Upon: Complaint, submission, appeal, chart provided  
CCE's Summary: A review of the record with the BHS Dental Director indicated the patient is not being denied care. The patient has an existing health condition that requires a complete blood count (CBC) test prior to the extraction of the tooth. Dental records indicate the patient has repeatedly refused a CBC. This is required before an extraction occurs.  
CCE's Recommendation: Dismissed  
CCE's Recommendation Date: November 30, 2023

**OOS' Decision Information: (Signed on 12/20/23 3:10:48PM):**

OOS' Summary: The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 11/30/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.  
OOS' Decision: Dismissed  
OOS' Decision Date: December 20, 2023



**State of Wisconsin**  
Department of Corrections  
**DISTRIBUTION ITEMS**  
**for COMPLAINT NUMBER WCI-2023-14913**

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	10/04/2023 7:42:05AM	Brian Kolb	WCI	556607	10/04/2023 1:55:21PM	Tonia Moon
ICE Report	10/11/2023 8:02:01AM	Angelo Panos	WCI	556607	10/11/2023 2:08:03PM	Brian Kolb
RA Report	10/11/2023 8:02:01AM	Angelo Panos	WCI	556607	10/11/2023 2:08:03PM	Brian Kolb
CCE Receipt	10/20/2023 10:13:54AM	Matthew Greenwood	WCI	556607	10/20/2023 10:26:27AM	Brian Kolb
Appeal Extension	11/25/2023 12:10:07AM	Matthew Greenwood	WCI	556607	11/28/2023 1:00:52PM	Brian Kolb
CCE Report	12/20/2023 3:10:49PM	Cindy O'Donnell	WCI	556607	12/21/2023 11:38:21AM	Brian Kolb
OOS Report	12/20/2023 3:10:49PM	Cindy O'Donnell	WCI	556607	12/21/2023 11:38:22AM	Brian Kolb

## INMATE COMPLAINT

### OFFICE USE ONLY

DATE RECEIVED <b>SEP 29 2023 OCT 04 2023</b>	COMPLAINT CODE <b>22</b>	COMPLAINT FILE NUMBER <b>WCI 2023-14913</b>
---	-----------------------------	--

### INSTRUCTIONS FOR INMATE:

- Complete ALL sections of this form
- You **MUST** use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more info.

INMATE NAME <b>JAYSON R. FLEMING</b>	DOC NUMBER <b>001</b>	HOUSING UNIT <b>NCH-852</b>	FACILITY <b>WCI</b>
LOCATION OF INCIDENT <b>NCH-852</b>	DATE OF INCIDENT <b>10.16.2023 (ONGOING)</b>	TIME OF INCIDENT	

### ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the ONE issue, of this complaint. What remedial action are you requesting?


**I am Being Denied Dental Services for a Emergency Situation**

With whom did you attempt to resolve your ONE issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

**I HAVE WRITTEN NUMEROUS (3) DENTAL SERVICE REQUEST REGARDING THIS ISSUE ALSO I HAVE WRITTEN REQUEST SLIP TO THE HSU MANAGER REGARDING THIS ISSUE**

What are the details surrounding this complaint?

**ONE OF MY BACK TOOTH COMPLETELY BROKE AND A PIECE OF THE BROKEN TOOTH IS PUSHING THROUGH MY GUMS WHICH CAUSING EXTREM PAIN. THE PAIN IS SO BAD THAT I CAN'T SLEEP AND IT'S HARD FOR ME TO EAT. THE PAIN WILL NOT GO AWAY... I WRITTEN NUMEROUS DENTAL SERVICE REQUEST SLIPS REGARDING THIS ISSUE AND REQUESTING TO BE SEEN AS AN EMERGENCY... I STILL HAVE NOT BEEN SEEN NO ONE HAS RESPONDED BACK TO MY DENTAL SERVICE REQUEST SLIPS... THIS SERIOUS ISSUE IS BEING IGNORED... I WAS TOLD THAT DUE TO THE LOCKDOWN DENTAL SERVICE HAS BEEN DELAYED... THIS IS A SERIOUS ISSUE... THIS IS A EMERGENCY AND I NEED TO BE SEEN. I NEED THIS BROKEN TOOTH TO BE REMOVED... THIS IS A SERIOUS ISSUE THAT NEEDS TO BE FULLY INVESTIGATED AND SOMETHING NEEDS TO BE DONE. THIS IS ONE ISSUE AND A ONGOING ISSUE THAT STILL HAVE NOT BEEN ADDRESS.**

SIGNATURE OF INMATE 	DATE SIGNED <b>09.28.2023</b>
--	----------------------------------

DISTRIBUTION: Original - ICTS

## **INSTRUCTIONS**

The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

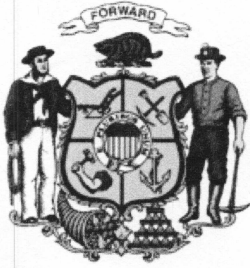
An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

**NOTE:** The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

**DISTRIBUTION:** Original – ICTS





# Wisconsin Department of Corrections

Governor Tony S. Evers | Secretary Kevin A. Carr

## ICE RETURN LETTER

09/29/2023

FLEMMING, JAYVON R. - #556607  
UNIT: \_N-\_B -- \_B52-\_L  
WAUPUN CORRECTIONAL INSTITUTION  
PO Box 351  
WAUPUN, WI 53963-0351

The submission received on 09/29/2023 is not accepted.

- Prior to filing a formal complaint, an inmate shall attempt to resolve the issue by following the designated process specific to the subject of the complaint. {DOC 310.07(1)} You have not attempted to resolve the issue. Contact AHSM Haseleu

\*dental\*

Please SEND THIS RETURN LETTER to AHSM Haseleu along with a DOC-643, "Inmate Request" explaining the issue you want to resolve. Please allow the staff member enough time to reply.

If you feel this staff member does not address or resolve the issue, you may resubmit your Inmate Complaint to the ICE. When resubmitting, please include the Original Complaint AND this Return Letter.

WHETHER YOU RECEIVE A REPLY OR NOT, you have 10 working days from the date of this Return Letter to resubmit your Inmate Complaint.

TO: AHSM Haseleu  
FROM: ICE

- 1) Please document your response or action taken on this letter, date/sign.
- 2) Return this letter to inmate.

Sincerely,

B. Kolb  
Institution Complaint Examiner Office

Enclosure(s)

WAUPUN CORRECTIONAL INSTITUTION | 200 S. MADISON STREET | P. O. BOX 351 | WAUPUN, WI 53963-0351



INTERVIEW/INFORMATION REQUEST  
SOLICITUD PARA INFORMACION / ENTREVISTA

Instruction to Inmate: Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request.  
Instrucciones para Reclusos: No utilice este formulario para comunicarse con el personal de cuidados de salud. Utilice una solicitud de servicio de cuidados de salud, dentales o psicológicos.

OFFENDER NAME NOMBRE DEL/LA OFENSOR(A)	DOC NUMBER NUMERO DEL/LA OFENSOR(A)	LIVING UNIT UNIDAD DE VIVIENDA
Jayvian Flemming	556607	NCH-B52
DATE FECHA	WORK ASSIGNMENT ASIGNACION DE TRABAJO	
09.27.2023		
<input checked="" type="checkbox"/> Interview Entrevista	<input checked="" type="checkbox"/> Information Informacion	

STATE REASON FOR INTERVIEW OR SPECIFY INFORMATION REQUESTED  
INDIQUE LA RAZON PARA LA ENTREVISTA O ESPECIFIQUE LA INFORMACION QUE SOLICITA

This is the second request since I am a patient who regarding this issue  
The issue is I am having a emergency. I have a tooth that is  
broken and part of the tooth is poking through my gums I have written  
multiple request to dental requesting to be seen. Requesting for this  
tooth to be remove and nothing is being done im in alot of pain  
Im having a hard time sleeping. I really need this tooth to be removed  
Please can you look into this situation please.

(Do Not Write Below This Line) (No Escriba Debajo Esta Linea)  
DISPOSITION OF REQUEST DISPOSICION DE LA SOLICITUD

<input type="checkbox"/> You Will Be Interviewed Usted sera entrevistado	Date: Fecha:	Time: Hora:
<input type="checkbox"/> Information to Follow Informacion Sera Proveida	OCT 01 2023	
<input type="checkbox"/> Request Referred To: Solicitud Refereida A:		

Information/Comment:  
Informacion/Comentario: RN appointment scheduled

Quenddyn A. Yickler  
Signed Firmado

HSU  
Department Departamento







**INTERVIEW/INFORMATION REQUEST**  
**SOLICITUD PARA INFORMACION / ENTREVISTA**

Instruction to Inmate: Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request.  
Instrucciones para Reclusos: No utilice este formulario para comunicarse con el personal de cuidados de salud. Utilice una solicitud de servicio de cuidados de salud, dentales o psicológicos.

OFFENDER NAME NOMBRE DEL/LA OFENSOR(A)	DOC NUMBER NUMERO DEL/LA OFENSOR(A)	LIVING UNIT UNIDAD DE VIVIENDA
Jayuan Flemming	5566007	NCH-B52
DATE FECHA	WORK ASSIGNMENT ASIGNACION DE TRABAJO	
10.03.2023		
<input checked="" type="checkbox"/> Interview Entrevista	<input checked="" type="checkbox"/> Information Informacion	

STATE REASON FOR INTERVIEW OR SPECIFY INFORMATION REQUESTED  
INDIQUE LA RAZON PARA LA ENTREVISTA O ESPECIFIQUE LA INFORMACION QUE SOLICITA

Can you please file this returned ICE complaint? This complaint was returned on 09.29.2023...

Attached to this request slip is the response i received from HSW manager along with the return letter it self.

Please return documents as soon as possible

Thank you

(Do Not Write Below This Line) (No Escriba Debajo Esta Linea)

**DISPOSITION OF REQUEST DISPOSICION DE LA SOLICITUD**

<input type="checkbox"/> You Will Be Interviewed Usted sera entrevistado	Date: _____ Fecha: _____	Time: _____ Hora: _____
<input type="checkbox"/> Information to Follow Informacion Sera Proveida		
<input type="checkbox"/> Request Referred To: Solicitud Refereida A:		

Information/Comment:  
Informacion/Comentario: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed Firmado

Department Departamento



TO:  
A: Jayvon R Fleming  
NUMBER:  
NUMERO: 556601  
UNIT:  
UNIDAD de VIVIENDA: NCN- B52  
DATE:  
FECHA: 10.03.2023

FOLD DOBLE

**DESCARGO DE RESPONSABILIDAD (Disclaimer)**

Esta es una traducción de un documento escrito en inglés, distribuido como una cortesía a las personas que no pueden leer inglés. Si resulta alguna diferencia o algún malentendido con esta traducción, el único documento reconocido será la versión en inglés.

This document contains translations of the English-language on this document provided as a courtesy to those not fluent in English. If differences or any misunderstandings occur, the document of record shall be the related English-language on this document.

FOLD DOBLE

**DEPARTMENT OF CORRECTIONS**  
Division of Adult Institutions  
DOC-0643 (Rev. 4/2015)

**WISCONSIN**

**INTERVIEW/INFORMATION REQUEST  
SOLICITUD POR INFORMACION/ENTREVISTA**

TO:  
A: ICE  
DEPARTMENT:  
DEPARTAMENTO: ICE Depart  
DATE:  
FECHA: 10.03.2023

For Confidentiality Use Either Staple/Scotch Tape or an Envelope  
Por Confidencialidad Engranpe o use Cinta Scotch o un Sobre



## INMATE COMPLAINT APPEAL

### INSTRUCTIONS: COMPLETE ALL SECTIONS OF FORM.

- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.
- Rejected complaints can only be appealed to the appropriate Reviewing Authority. Their decision is final.
- Submitted documentation will not be returned.
- You must use a DOC-400B if additional space is needed.
- Keep the copy of this request for your records and send the original, in a sealed envelope via US Mail, to:

CORRECTIONS COMPLAINT EXAMINER  
DEPARTMENT OF CORRECTIONS  
PO BOX 7925  
MADISON, WI 53707-7925

OCT 20 2023

INMATE NAME	DOC NUMBER	FACILITY	DOC COMPLAINT FILE NUMBER
JAYVAN FLEMING	554607	WCF	WCF-2023-14913

### STATE BRIEFLY WHY YOU ARE NOT SATISFIED WITH THE ACTION OF THE APPROPRIATE REVIEWING AUTHORITY.

I Disagree With The Decision Of Dismissing This Complaint. Because The Issue at hand is a urgent matter. Which Also means I need immediate Dental Services. I Have a Broken tooth a tooth that is completely shattered. Part of the Broken tooth is poking Through my Gums which is cause Extreme Pain. I Can't Even Eat on this side of my mouth... This Serious matter Should be fully Investigated and Something Really Needs To Be done about This... This Broken Tooth Needs To Be Removed I'm In Severe Pain.

SIGNATURE OF INMATE



DATE SIGNED

10-16-2023

DISTRIBUTION: Original - ICTS

## **INSTRUCTIONS**

### **DOC 310.09 Filing of complaint appeal.**

(1) Appeals shall meet all of the following requirements:

- (a) Be submitted on a form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the CCE.
- (g) Be limited to the issue raised in the original complaint.

(2) An appeal will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

### **DOC 310.12 Review by Corrections Complaint Examiner (CCE).**

(1) An inmate may appeal the reviewing authority decision within 14 days after the date of the decision by filing a typed or legibly printed request for review with the CCE on forms supplied for that purpose. The institution shall make these forms accessible to inmates.

(2) The CCE may accept, return, or recommend rejection of an appeal or complaint.

(3) The CCE will only address issues raised in the original complaint.

(4) The CCE shall return an appeal if any of the following apply:

- (a) An original complaint has not been filed except as provided under s. DOC 310.09.
- (b) The complaint has been rejected.
- (c) The appeal is premature.
- (d) The appeal does not list the complaint file number or contains more than one complaint file number.
- (e) The appeal does not meet the criteria listed under s. DOC 310.10.

(5) The CCE may recommend rejection of an appeal not filed in accordance with s. DOC 310.09.

### **DOC 310.13 Secretary's decision.**

(1) The secretary shall make a decision within 45 days following receipt of the CCE's recommendation. The secretary may extend the time for making a decision for good cause with notice provided to the inmate.

(2) The secretary shall affirm or dismiss the CCE's recommendation, in whole or in part, or return the appeal to the CCE for further investigation.

(3) The secretary's decision is final.

(4) If the inmate does not receive the secretary's written decision within 90 days of the date of receipt of the appeal in the CCE's office, the inmate shall consider the administrative remedies to be exhausted, unless the time has been extended under sub. (1).

DISTRIBUTION: Original – ICTS

Seayon & Fremming #554607  
usapn Collection Institutional  
P.O. Box 351  
usapn wi 53603-0351

OCT 20 2023

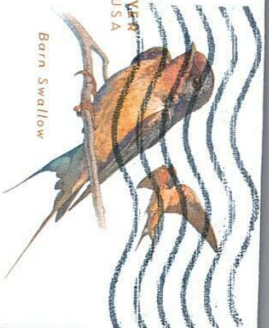
Collections Complaint Examination  
Department of Collections  
PO Box 7425  
Madison wi 53707-7425

MILWAUKEE WI 530

18 OCT 2023 PM 4

FOREVER  
USA

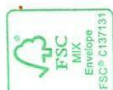
Barn Swallow



53707-792525



THIS LETTER HAS BEEN MAILED FROM  
THE WISCONSIN PRISON SYSTEM



THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT

© USPS 2016



11/15/2023

=====

= Note#1 [Administrative] [Dental Service Request] = \*Pg1 - 12:02:54 PM [DRSMESTAD] [WCI]

=====

Dental Service Request form received.

ESS. Wants tooth out. Was removed from list after verbal report from nursing that CBC was refused.  
Must consent to CBC before extraction.

----- Signed on Wednesday, November 15, 2023 at 12:06:52 -----

----- Provider: DRJEROME - Robert T. Jerome, Dr. -- Clinic: WCI -----

10/12/2023

=====

= Note#1

= \*Pg1 - 08:21:23 AM [DRJEROME] [WCI]

=====

Limited oral evaluation

Intraoral-periapical-1st film

P: pain in upper left

Hx: NCT

Eval: #16 is a root tip and is unsavable. The patient wants it out. His chart lists severe anemia but no CBC is available. He reports no easy bleeding, but does have lightheadedness. I let him know that we will need a CBC prior to extraction and that offsite referral may be needed. I spoke with nursing and they reported that the last blood count was refused and ordered another.

Tylenol ordered



----- Signed on Thursday, October 12, 2023 at 08:42:57 -----

----- Provider: DRJEROME - Robert T. Jerome, Dr. -- Clinic: WCI -----

~~~~~

~ \*Pg2 - 08:46:13 AM [DRJEROME] [WCI]

~~~~~

Medical Alert: Anemia

Change Type: Added

Original Entry Date: 10/12/2023

Severity: Unknown

Notes:

Medical Alert: Anemia

Change Type: Edit

Original Entry Date: 10/12/2023

Severity: Unknown

Notes:

Medical Alert: Anemia

Change Type: Edit

Original Entry Date: 10/12/2023

Severity: Unknown

Notes: Severe Anemia

----- Signed on Tuesday, October 17, 2023 at 09:57:14 -----

----- Provider: DRJEROME - Robert T. Jerome, Dr. -- Clinic: WCI -----